FEC FORM 3X

Use

Only

2016 - 10 - 24 + 05 - 00112173

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER 2016 OCT 24 AM 11: 08

FEC FORM 3X

Rev. 05/2016

ADDRESS (number and street) Tiz Ori E Mit Ma Viz S B Vid S Vi F C S Z Z Z						Office U	se Only
ADDRESS (number and street) Concess of the previous by reported. (ACC) C.M.A.Y.I. D.H. F.E.			E OR PRINT ▼		oing, type	12FE4M5	
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT (N) OR (A) 4. TYPE OF REPORT (Deport Seport (Choose One) (a) Quarterly Report (Choose One) (b) Monthly Report (Deport Seport (Choose One) (c) Quarterly Report (Choose One) April 15 Quarterly Report (Choose One) Counterly Report (Choose On	Will 10	f, the	People P	A ₁ C ₁ 1 1		1 1 1 1 1	<u> </u>
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT (N) OR (A) 4. TYPE OF REPORT (Deport Seport (Choose One) (a) Quarterly Report (Choose One) (b) Monthly Report (Deport Seport (Choose One) (c) Quarterly Report (Choose One) April 15 Quarterly Report (Choose One) Counterly Report (Choose On							
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V CITY A STATE A ZIP CODE A 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (b) Monthly Report (Choose One) Due On: Mar 20 (M2) April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2) April 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Report for the: Convention (12C) Special (12S) Covering Period April 16 Covering Period C	ADDRESS (number	and street)	209 E WIT	Harris	151 B1 V	d, Suife	ا 2222
4. TYPE OF REPORT (Choose One) (a) Ouarterly Report (O1) Ouarterly Report (O2) Ouarterly Report (O3) January 31 Vear-End Report (VE) July 31 Mid-Year Report (Non-election Year Only) (MY) Election on Election on Report for the: Report for for the: Report for the: Report for the: Report for the: Rep	than prev	iously .	ha, v, 1, 0, +, +, e,			NIC 282	2.7]-
A. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Counterly Report (Q2) April 20 (M4) April 15 Quarterly Report (Q2) PRE-Election Report for the: Counterly Report (VE) July 31 Mid-Year Report (Non-election) Report for the: Election on Election on Election on Report for the: Election on Feport for the: Figure for figure for figure for the figure for	2. FEC IDENTIF	ICATION NUMB	ER ▼ CIT	Y A	SI	TATE A	ZIP CODE ▲
(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Quarterly Report (Q2) October 15 Quarterly Report (Q2) October 15 Quarterly Report (Q2) April 15 Quarterly Report (Q2) October 15 Quarterly Report (Q2) April 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election year Only) (MY) Termination Report (YE) Termination Report (YER) Termination (YER) Total YER Termination (YER) T	C 0,0,4	19130		- 80		AMENDED (A)	,
5. Covering Period To through To through	(Choose One) (a) Quarterly April Quar July Quar Octol Quar Year- July Year- July Report Year Term	Reports: 15 terly Report (Q1) 15 terly Report (Q2) per 15 terly Report (Q3) ary 31 End Report (YE) 31 Mid-Year int (Non-election Only) (MY) ination Report	Report Due On: (c) 12-Day PRE-Election Report for the: Election (d) 30-Day POSY-Election Report for the:	20 (M3) 20 (M4) Primary (1) Convention on on General (3)	Jun 20 (M6) Jul 20 (M7) 2P) (12C)	Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	ryear Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the
Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010			201	through	Desira Caracci	Lancard Report Comme	
Signature of Treasurer Date	•				d belief it is true	, correct and comple	ete.
046.5	Signature of Treas	urer M	hy My	1			S / Z 0 1 (
	NOTE: Submission Office	or raise, erroneous	, or incomplete information	may subject the p	erson signing this		

2016 10 24 0M 00112174

	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name	the People PAC	
R	eport Covering the Period: From:	and \ load \ \ \aranaa	To: 05 30 Z016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, [2 0 \ 6]	·	2,000
	(b) Cash on Hand at Beginning of Reporting Period	20451	· ·
	(c) Total Receipts (from Line 19)	000	[5.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20451	2,05.00
7.	Total Disbursements (from Line 31)	17788	1783
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	263	2.6.6.3
— 9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3X (Rev. 05/2016)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

2016: 10: 28: 08: 00112175

Re	eport Covering the Period: From:	To	. Maw / Dao / Loadan
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
- 11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	500
	(ii) Unitemized		
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	0.00	500
	(b) Political Party Committees	n n 430 n n 430 n n 430 n	A B 67% B A 673 B B 623 B
	(c) Other Political Committees		
	(such as PACs)		172
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	0.00	500
12.	Transfers From Affiliated/Other		
	Party Committees	7	8 B 572 B B 573 B B 572 B
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	7 4 72 4 512 A 522	1
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		
	Political Committees		9 0 573 0 0 573 0 0 5 522 p
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)	4.623.4.623.4.6.623.4.6	
18.	Transfers from Non-Federal and Levin Funds	A STATE OF THE STA	
	(a) Non-Federal Account		
	(from Schedule H3)		
,			
	(b) Levin Funds (from Schedule H5)		
	·		Contraction of the second
	(c) Total Transfers (add 18(a) and 18(b))		6 6 7 273 H D 273 A B 203 H
٠.			Branch and the second s
4.5	Table Designation (add to 1984)	•	
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶		5.00
00	Total Fodoral Bossinto		
∠Ų.	Total Federal Receipts	0 0 0	
	(subtract Line 18(c) from Line 19)▶	1	5.00

2016:10:24:03:00112176

_	II Dishursoments	COLUMN A	COLUMN B
	II. Disbursements	Total This Period	Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal.	,	
	Activity (from Schedule H4)		
÷	(i) Federal Share	17788	17837
٠	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	17788	17.8.3.7
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures	473 4 4	
	(use Schedule E)		
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
	(use Schedule F)	D	
26.	Loan Repayments Made		
07	Lagra Mada		
	Loans Made Refunds of Contributions To:	1 1 2 2 1 2 2 1 1 2 2 1 1	<u> </u>
	(a) Individuals/Persons Other Than Political Committees		
	That I onlider committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))		
29.	Other Disbursements (Including		
	Non-Federal Donations)		5 1 42 1 4 52 A 4 52 J
30.	Federal Election Activity (52 U.S.C. § 30101		
•••	(a) Allocated Federal Election Activity	(==//	
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid		
	Entirely With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
04	Tatal Dishusan and Jadd Line 244 N 22	•	
3 1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	177.88	17.8.3.7
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		·
	from Line 31)	17768	470 -
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5

	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)		
	(from Line 11(d), page 3)		5.00
34.	Total Contribution Refunds	The state of the s	
	(from Line 28(d))		
35.	Net Contributions (other than loans)		
	(subtract Line 34 from Line 33)		5.00 S
36.	Total Federal Operating Expenditures		
	(add Line 21(a)(i) and Line 21(b))	8 8 7.7 8 8	1
37.	Offsets to Operating Expenditures		
	(from Line 15, page 3)		A 7 472 A 7 572 A
38.	Net Operating Expenditures		
	(subtract Line 37 from Line 36)		17837

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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta			erson for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ouress or any political committee	to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Initia.	al) or Full O	rganization Name .	Date of Receipt
Mailing Address		· .	Med / Dub / Vovevier
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C ,		
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	Section 1
Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C(_		Amount of Each receipt this remote
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	Parazzana de la companya de la compa
Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name	Data of Bassiss
CMailing Address			Date of Receipt
City	State	Zip Code	
FEC ID number of contributing federal political committee.	CI ,		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number of			

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF 2		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 23 26 27 28a 28b 28c 29 30b		
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
Will of the	People PAC			
Full Name (Last, First, Middle Initial) A.	•	Date of Disbursement		
<u>60091e</u>				
Mailing Address 1600 Ampithee	tre Perkway	08 31 7016		
Mowtain Vicw Purpose of Disbursement	State Zip Code 940 43	FEC Identification Number		
		C		
Admin (asts - Run em	TALLAS			
		Type Amount of Each Disbursement this Period		
Office Sought: House Disburs	sement For: Primary General	1000		
President State: District:	Other (specify) ▼	Memo Item		
Full Name (Last, First, Middle Initial)				
B. G0091e)	Date of Disbursement		
Mailing Address	Parking	09 06 2016		
City Mountain View	State Zip Code	FEC Identification Number		
Purpose of Disbursement	CA 94043	C		
Admin-nu eur	112			
Candidate Name		Category/ Amount of Each Disbursement this Period Type		
	sement For:	10,00		
Senate President	Primary General Other (specify)	Name of the state		
State: District:		Memo Item		
Full Name (Last, First, Middle Initial) C.		Date of Disbursement		
Hoot suite Med?	ζ			
Mailing Address		109 72 2016		
City	State Zip Code	FEC Identification Number		
Purpose of Disbursement	BC VST IR6			
Admin - Social media into	Admin - Social media interfere management			
Candidate Marile		Category/ Amount of Each Disbursement this Period Type		
Office Sought: House Disbur	sement For:	1 1988		
President	Primary ☐ General Other (specify) ▼	Memo Item		
State: District:		Programme and the control of the con		
SUBTOTAL of Disbursements This Page (optional	1)	3-988		
TOTAL This Period (last page this line number of	nly)			

Any information copied from such Reports and Statements may not be sold or used by any person for the purp	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page				26 29							
or for commercial purposes, other than using the name and address of any political committee to solicit contrib													

\rangle	NAME OF COMMITTEE (In Full)	
Α.	Full Name (Last, First, Middle Initial) Google Mailing Address 1600 Amp; theatre Pakury	Date of Disbursement
-	Mailing Address (600 Amp; theetre Pakury City State Zip Code G4043 Purpose of Disbursement Adm.n Emails Candidate Name Category/ Type Office Sought: House Disbursement For:	FEC Identification Number C Amount of Each Disbursement this Period
	Senate Primary General Other (specify) ▼ State: District:	Memo Item
В.	Full Name (Last, First, Middle Initial) Well's targo Mailing Address 420 Montanery St	Date of Disbursement
	City State Zip Code Purpose of Disbursement Aus A Surve Fax Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:	FEC Identification Number C Amount of Each Disbursement this Period Memo Item
C.	Full Name (Last, First, Middle Initial) Wells Fa153 Mailing Address 420 Montgowy St City State Zip Code CA 94104 Purpose of Disbursement Awamt Survice Fee Candidate Name	Date of Disbursement FEC Identification Number
	Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	Amount of Each Disbursement this Period
S	UBTOTAL of Disbursements This Page (optional)	3,8.00
ר	OTAL This Period (last page this line number only)	[, 7.7.7.8.8]

SCHEDULE	С	(FEC	Form	3X)
LOANS				

CHEDULE C (FEC FOR	III 3A)			
OANS			Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	:		<u>, , , , , , , , , , , , , , , , , , , </u>	
	· \	Will of the	PERRIE PAL	·
LOAN SOURCE Full Name (La				Election:
				Primary
Mailing Address				General
Mailing Address			. [Other (specify) ▼
		· 		·
City		State ZIP Co	ode .	
Original Amount of Loan	······································	Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
				The second secon
	<u> </u>			
TERMS Date Incurred		D-1- D	· Internal Dat	
Date Incurred	rvery r	Date Due יין / ריים / ריים	Interest Rate	Secured:
				% (apr). Yes No
¿List All Endorsers or Guaranto	ງເວລີ () (a a a a a a a	n l nan Source		
Full Name (Last, First, Middle	1000 Table 1000	LUAII Suuree	Name of Employer	
I dir Italiio (Last, I list, Wilder	·		annibio) of	•
Mailing Address			Occupation	· · · · · · · · · · · · · · · · · · ·
, maining / houress	•			e e
City	State	ZIP Code	Amount	
		•	Guaranteed	<u>-513-4444</u>
2. Full Name (Last, First, Middle	e Initial)		Name of Employer	
1			Tamo or Employor	
Mailing Address			Occupation	
City	State	ZIP Code	Amount # * *	
			Guaranteed Outstanding:	
3. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address	-		Occupation	
		T2.2 2		<u> </u>
City	State	ZIP Code	Amount Guaranteed	
			1 = 1 = 1	
4. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
	10: -	[7]D Q 1		
City	State	ZIP Code	Amount Guaranteed	
		- [1	
SUBTOTALS This Period This Page	ge (optional)		·····	<i>∧</i> , <i>γ</i>
TOTALS This Period (last page in	this line onl	ly)	• • • • • • • • • • • • • • • • • • •	
		·	Bear Sin	mante transmit of the control of the
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this line. If	no Schedule D, carry forwa	rd to appropriate line of Summary.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one) 9

NAME OF COMMITTEE (In Full) Will by the Pwell PAL A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period
City State Zip Code Outstanding Balance Beginning This Period
City State Zip Code Outstanding Balance Beginning This Period
Outstanding Balance Beginning This Period
Outstanding Balance Beginning This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):
B. Full Marile (East, First, Middle filling) of Debtor of Oreshor
Mailing Address
Walling Address
City State Zip Code
Outstanding Balance Beginning This Period
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Perio
Anothe medical cose of this renormal constitution of the cost of t
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address Nature of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1) SUBTOTALS This Period This Page (optional)
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1) SUBTOTALS This Period This Page (optional)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES **PAGE** OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Will of the PEOPLE PAL Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination ☐ Memo Item Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Office Sought: Support House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Full Name of Payee ☐ Memo Item Date of Public Distribution/Dissemination Mailing Address Amount State City. Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Office Sought: Support House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Uniternized Independent Expenditures..... (a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature





SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

N BEHALF OF CANDIDATES FOR	FED	ERA	L OFFICI	E			F	PAGE		OF
(To be used	d only	by Po	olitical Com	mittees in	the Gene	ral Election	1) F	OR LI	NE 25	OF FORM 3X
AME OF COMMITTEE (In Full)	of	Jh-	e Peop	V.	PAC					
as your committee been designated to make coordinated expenditures by a political party commit YES NO	ttee?		lame of Sub	ordinate C	Committee			•		
YES, name the designating committee:		Mailin City	g Address				State	······	ZIP C	odo
	•	Oily	•			·	State		211 0	
Full Name (Last, First, Middle Initial) of Each Pa	ayee			☐ Me	emo Item	Purpose of	f Expen	diture		Category/
Mailing Address				,		Date			-	Туре
City	State		Zip Code			M 4 M	/ [D		7	******
Name of Federal Candidate Supported Office	Sough	ht:	House Senate Presidential	State:		Amount		, , , , , , , , , , , , , , , , , , ,		
Aggregate General Election Expenditure for this Candidate				ere a						
Full Name (Last, First, Middle Initial) of Each P Mailing Address	ayee			M	emo Item	Purpose of	f Expen	diture		Category/ Type
						Date				
City Contidate Contidade Contidate Contidade Contidate Contidate Contidate Contidate Contidate Contidate C	State		Zip Code			Man	/ 0	, o ,		
Name of Federal Candidate Supported Office	Sougl	ht:	House Senate Presidential	State: District:		Amount	g			
Aggregate General Election Expenditure for this Candidate		~~~~	5)) <u> </u>							
Full Name (Last, First, Middle Initial) of Each P	ayee			M	emo Item	Purpose o	f Expen	diture		Category/
Mailing Address						Date	-	-	·	Туре
City	State		Zip Code			MEM	/ [5	/	Ž.	/ * · · · · · · · · · · · · · · · · · ·
Name of Federal Candidate Supported Office	Soug	ht:	House Senate Presidentia			Amount		у у	T Y	
Aggregate General Election Expenditure for this Candidate ▶	-9) <u>-</u>	* <u> </u>								
SUBTOTAL of Expenditures This Page (optional)					······ >				412E	,0 0 0
TOTAL This Period (last page this line number on	ıly)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						٥٧٥

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Indicate ratio below
·
Federal
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

2016:10:22:05:00112186

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE	OF

NAME OF COMMITTEE (In Full)		
Will of the People	PAC	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA	TE SUPPORT	
ACTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation:	had" where the foderal pr	apartian of
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	·	
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommodate the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commoderal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT INSUTIFIED		
ACTIVITY OR EVENT IDENTIFIER	. FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

2016-10-28-08-001-2187

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	18a OF	FORM	ЗХ

AME C	F COMMITTEE (In Full)		
	Will	of the Papk PAL	
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
			lossed and the above the first beautiful and the second and the se
ì	AKDOWN OF TRANSFER RECEIVED	ı	
i)	Total Administrative		
	Generic Voter Drive		
"'	delient voter brive		And the same of th
iii)	Exempt Activities		37-
iv)	Direct Fundraising (List Activity or Event Ide	ntifier)	
	- · · · · · · · · · · · · · · · · · · ·		Materiagy
	a)		
-	b)		
	c) Total Amount Transferred For Direct Fundra	ising	
v)	Direct Candidate Support (List Activity or Ev	•	EASTERNING STATES OF THE STATE
''	Sheet Canadate Support (Elst Monthly St. 20		,·
	a)		
	b)		'
	c) Total Amount Transferred For Direct Candid	date Support	
	(1)		
vi)	Public Communications Referring Only to	Party (Made by PAC)	
	TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIV	/ED
			- Companies Comp
TOTAL	This Period (Administrative)		2) According to the second
LATOT	This Period (Generic Voter Drive)		
	This Tailes (decision value 2009) Illinoinininin		
TOTAL	This Period (Exempt Activities)		and an artist of the second se
TOTAL	This Period (Direct Fundraising)		The state of the s
ΤΩΤΔΙ	This Period (Direct Candidate Support)		
	Shou (Blisse Sandidate Support)	F	
TOTAL	This Period (Public Communications Referring	Only to Party)	
	C		
TOTAL	This Period (Total Amount Transferred)		and the second second description of the second second description of the second secon
		· ·	•

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		OF_		
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NA	ME OF COMMITTEE (In Full)		$\dot{\rho}$	DA	
	111/2	of the	People	PATC	
A.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address	47			Administrative Fundraising Exempt
	1600 Ampit	rectice	PKLUL	1	Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Montajnview	CA	940	43	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			landaria la	
	Activity or Event Identifier:				L1.1.1.1.1.30.00
	Notify of Event Identifier			Category/	Man / Cool / Torrer
				Туре	Date (0.8) 3.0 2.0.1 5
	FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT
	2 10 4 2		- Company	000	21000
	3000		7		3000
B.	Full Name (Last, First, Middle Initial)		•	☐ Memo Item	Allocated Activity or Event:
	Mailing Address	ute		 	Administrative Fundraising Exempt
	5 F 8th Ave			•	Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Vancover	<u>BC</u>	UST	126	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:) L C C C
	Activity or Event Identifier:				11988
	Activity of Event Identifier.			Category/	Man / Lond / Londay
				Туре	Date 0.9 3.0 2.0.1.6
	· FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT
	\ \ < \ \		and the second second second	y y	() () ()
	11 9 8 8			<u> </u>	11.688
C.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	420 Mostsom	un Ave			Voter Drive Direct Candidate Support
	City	State	Zip Code	10.1	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	<u> </u> CA	99	104	Allocated Activity or Event Year-To-Date
	ruipose of Dispuisement.				28,00
	Activity or Event Identifier:		· · · · · · · · · · · · · · · · · · ·		
				Category/	MAKA \ LOGG \ LAGAGA
					09 20 20 1
				Type	Date 0,9 3,0 2,0,1,6
	FEDERAL SHARE		NONFEDERAL	Type SHARE	= TOTAL AMOUNT
	FEDERAL SHARE			Type SHARE	= TOTAL AMOUNT
	26			Type SHARE	= TOTAL AMOUNT
SI	JBTOTAL of Allocated Federal and NonFederal	Activity This F	age	Type SHARE	= TOTAL AMOUNT 2 6 0 0
SI	2600	Activity This F	Page	Type SHARE	TOTAL AMOUNT TOTAL AMOUNT
SI	JBTOTAL of Allocated Federal and NonFederal	Activity This F	Page NONFEDERAL	Type SHARE SHARE	TOTAL AMOUNT TOTAL AMOUNT
	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity This F	Page NONFEDERAL	Type SHARE SHARE	TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE OTAL This Period (last page for each line only) FEDERAL SHARE	Activity This F + N Federal share	Page NONFEDERAL to 21(a)(i) and	SHARE SHARE NonFederal shi	TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE TAL This Period (last page for each line only)	Activity This F + N Federal share	Page NONFEDERAL to 21(a)(i) and	SHARE SHARE NonFederal sh	TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Will of the People PAC
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER
i) Voter Registration VOTER REGISTRATION
Total Amount Transferred for Voter Registration
VOTER ID ii) Voter ID
Total Amount Transferred for Voter ID
GOTV GOTV
Total Amount Transferred for GOTV
GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED
NAME OF ACCOUNT THANSPERRED
BREAKDOWN OF THIS TRANSFER
i) Voter Registration VOTER REGISTRATION
Total Amount Transferred for Voter Registration
VOTER ID
Total Amount Transferred for Voter ID
GOTV iii) GOTV
Total Amount Transferred for GOTV
iv) Generic Campaign Activity GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)
TOTAL This Decid (Many Decidenties)
TOTAL This Period (Voter Registration)
TOTAL This Period (Voter ID)
TOTAL This Period (GOTV)
TOTAL This Period (Generic Campaign Activity)
TOTAL This Period (Total Amount of Transfers Received)

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)								
Will of the People PAL								
	A. Full Name (Last, First, Middle Initial) / Full Organization Name				Type of Allocated Activity or Event:			
		-			Voter Registration GOTV Voter ID Generic Campaign			
	•							
	Mailing Address				Allocated Activity or Event Year-To-Date			
Ì	City	State	Zip Code	U				
	Purpose of Disbursement			Category/ Type	Date / Date / Travery			
	FEDERAL SHARE	+	LEVIN SH	ARE	= TOTAL AMOUNT			
			· · · · · · · · · · · · · · · · · · ·	and the same of				
			J	<u> </u>				
	B. Full Name (Last, First, Middle Initial)	/ Full Organ	nization Name		Type of Allocated Activity or Event:			
Ì					Voter Registration GOTV			
			•		Voter ID Generic Campaign			
	Mailing Address	 	·		Allocated Activity or Event Year-To-Date			
	walling Address		·					
	City	State	Zip Code					
	Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE				Date			
				= TOTAL AMOUNT				
	Grandona (1 - 27 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	حا ليشت						
	C. Full Name (Last, First, Middle Initial) / Full Organ	nization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign			
	·							
					Voter ib Generic Campaign			
	Mailing Address			· · · · · · · · · · · · · · · · · · ·	Allocated Activity or Event Year-To-Date			
		1-2	T=	· .	N II 415% N N STA D D 6589 Y			
	City	State	Zip Code		Emperation and invited Assessed Despetic Description and Assessed Descr			
	Purpose of Disbursement	L		Category/	MVM / DOD / VVV			
			·	Type	Date			
	FEDERAL SHARE	+	LEVIN SH		TOTAL AMOUNT			
SU	SUBTOTAL of Shared Federal and Levin Activity This Page							
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT								
TC	TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))							
	FEDERAL SHARE TOTAL AMOUNT							
	Barrel							
TC	TOTAL This Period for the Levin Share							

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full)				
Will of the People DAC					
NAM	E OF ACCOUNT				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS				
	(a) Itemized(Use Schedule L-A)				
	(b) Unitemized				
	(b) Officernized				
,	(c) Total				
2.	OTHER RECEIPTS				
	· · · · · · · · · · · · · · · · · · ·				
3.	TOTAL RECEIPTS				
	(Add Lines 1c and 2)				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration				
	(b) Voter ID				
	(c) GOTV				
	(d) Generic Campaign				
	(e) Total				
· 5.	OTHER DISBURSEMENTS				
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	(for Column B, use cash as of January 1st)				
8.	RECEIPTS				
	(Irom Line 3)				
9.	SUBTOTAL				
10.	DISBURSEMENTS(From Line 6)				
11.	ENDING CASH ON HAND				

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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER:

1a	2

OF

PAGE

(check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) in it the Pewble PAC Full Name of Individual (Last, First, Middle Initial) Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt B. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [] Memo Item Date of Receipt C. Mailing Address Amount of Each Receipt this Period State City Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [] Memo Item Date of Receipt D. Mailing Address Amount of Each Receipt this Period City Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMB	ER:	PAG	E		OF	
check only one)	r			ı		1
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	1 1	4h		44		

OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Date of Disbursement Mailing Address City Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item В. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item C. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item E. Date of Disbursement Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....







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USPS Priority Mail		Postmarked		
USPS Priority Mail Express		Postmarked		
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Spec	ify):	Shipping Date		
	Nex	kt Business Day Delivery		
Received from House Records &	Registration O	Date of Receipt ffice		
Received from Senate Public Rec	cords Office	Date of Receipt		
Received from Electronic Filing O	ffice	Date of Receipt		
Other (Specify):		Date of Receipt or Postmarked		
		11/24/14		
PREPARER (10)		DATE PREPARED		